

Mr B & Mrs W Stedman

Garrett House Residential Home

Inspection report

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Date of inspection visit:
29 September 2016

Date of publication:
10 November 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Garrett House Residential Home provides accommodation and personal care for up to 45 people, some living with dementia.

There were 34 people, nine of these receiving respite care, living in the service when we inspected on 29 September 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. As well as the registered manager there was also a second manager in post, who shared the managerial duties in the service.

Improvements were needed in people's care plans to identify how people were provided with person centred care which was tailored to meet their specific needs.

Quality assurance processes were used to identify shortfalls and address them. Improvements identified had not yet been fully implemented and embedded into practice, including staff supervision and care records. Not all of the improvements made were documented.

People were provided with the opportunity to participate in meaningful activities. People were treated with respect and care by the staff working in the service.

There were systems in place to store, obtain, dispose of and administer medicines safely and to maintain records relating to medicines management.

There were systems in place to keep people safe. This included appropriate actions of reporting abuse. Staff were trained in safeguarding and understood their responsibilities in keeping people safe from abuse.

Staff were available to meet people's needs safely. Recruitment of staff was carried out safely and checks were undertaken on staff to ensure they were fit to care for the people using the service.

The service was up to date with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were trained to meet people's needs effectively.

People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

There was a system in place to manage complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to meet people's needs safely. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good 

The service was effective.

Staff were trained to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good 

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

Improvements were needed in how people's wellbeing and needs were assessed and planned for to ensure their individual needs were being met.

People were provided with the opportunity to participate in meaningful activities.

There was a system in place to manage people's complaints.

Is the service well-led?

The service was not consistently well-led.

The service had a quality assurance system and identified shortfalls. However, not all of the improvements had been fully implemented and embedded into practice.

The service provided an open culture. People were asked for their views about the service.

Requires Improvement 

Garrett House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place 29 September 2016 and undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert had experience of caring for older people.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We also reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with 12 people who used the service and one relative. We observed the interaction between people who used the service and the staff.

We looked at records in relation to five people's care. We spoke with the registered manager, and seven members of staff including the manager, care, maintenance, activities and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service. We also spoke with a visiting professional.

Is the service safe?

Our findings

People told us that they were safe living in the service. Records of compliments received by the service included a comment from a relative, "[Person] often remarked how wonderfully kind you were and how happy and secure you made [person] feel."

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Where a safeguarding concern had been raised, the service had taken swift action to report this to the appropriate organisations. Actions had been taken to reduce the risks of future incidents, which included disciplinary action.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility and falls. The risk assessments were regularly reviewed and updated.

Risks to people injuring themselves or others were limited because equipment, including hoists and fire safety equipment, had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. A notice in the entrance hall to the service advised visitors to sign in the visitor book to ensure that all people in the service could be accounted for in the case of an emergency, such as a fire. There were also records in place to show that there were systems to reduce the risks of legionella bacteria in the water in the service. We spoke with one of the service's maintenance staff who understood their role and responsibilities in ensuring the safety of the service. They told us about the safety checks regularly undertaken in the service. Records confirmed what we had been told and the maintenance book showed that areas for improvement were identified and addressed. This meant that people were provided with a safe environment to live in.

Staff we spoke with commented on if there were enough staff to meet people's needs. One staff member told us that they felt that there were not enough staff because they were very busy, however they did say that people's needs were met and they were safe. Another three staff members told us that they felt that there were enough staff to meet people's needs.

The registered manager told us that they were fully staffed. As well as the four care staff on duty each day, there was a staff member who assisted with baths/showers, a lifestyle coordinator five days a week, a staff member who assisted with meals and drinks, domestic staff, maintenance/gardener, chef, administrator and book keeper. During the night there were two care staff on duty, in addition to this the registered manager and manager lived nearby and could be called in in case of an emergency. There was a crossover of night and day staff to provide support during the busier periods, for example when people wanted to get up and go to bed.

The manager told us how staffing levels were amended along with the numbers of people using the service and if needs increased.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. Whilst we were observing the medicines lunch administration round, a person pointed them out and said, "They are very good, make sure we get our pills, always the same time."

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. When the staff member moved away from the trolley where medicines were stored, a staff member remained with the trolley to ensure that the risks to people accessing the medicines were reduced. One staff member told us that the staff team took it in turns to do this.

Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time.

One person was prescribed medicines to be taken as required (PRN) to reduce their anxiety. A staff member told us about when this medicine should be considered, however, it was rarely required. Records confirmed what we had been told, there had been no instances of this medicine being administered in the current MAR. We looked at their care records and found that they had capacity to make their own decisions, therefore could request this medicine. However, there was no guidance in the care records to guide staff when these should be administered. We spoke with the manager about this and they assured us that guidance would be placed in their records to reduce the risk of inappropriate use.

People's medicines were kept safely but available to people when they were needed. Staff were provided with training in the safe management of medicines. Regular checks on medicines were completed which ensured that any shortfalls were identified and addressed. We saw a staff member speaking with the pharmacy about a recent change in a person's prescribed medicine, they checked the information they had against the medicines in stock. This showed that prompt action was taken to check changes before people were provided with their medicines.

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said that they felt that the staff were, "Capable."

The service had systems in place to ensure that staff were provided with training and support and the opportunity to achieve relevant qualifications for their role. Staff told us that they were provided with the training that they needed to do their job and meet people's needs. One staff member told us that there was training provided each month, "We have manual handling next week, dementia in August, effective communication the month before."

Each staff member had a professional development folder in their personnel files which included their training certificates. The training included mandatory courses such as moving and handling and safeguarding. There was also training provided relating to people's specific needs including dementia, falls prevention and equality and inclusion. New staff were provided with an induction course and with the opportunity to undertake the care certificate. This is a recognised set of standards that care staff should be working to. This showed that the service had kept up to date with changes in the staff induction process and took action to implement them.

Staff told us that they were supported in their role. However, they said that they did not have regular one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. One staff member told us that they could speak with the manager and registered manager at any time if any issues arose. The manager told us how they were improving the support provided to the staff team including introducing peer group supervisions as well as one to one supervision meetings. They explained how the training, which was held in groups, was used to support staff in discussion in the training sessions. The manager and registered manager also told us how, if there were any issues arising regarding a staff member's performance, they were spoken with about how to improve their practice. However, not all of these were documented. The manager and registered manager assured us that they would ensure they were formally recorded. We did see a record of a meeting held with a staff member following an identified issue with medicines, in which they discussed the issue, how it had happened and how improvements would be implemented in the future.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us that all people using the service had capacity to make their own decisions relating to their care. Staff were provided with training in MCA and DoLS.

People told us that the staff asked for their consent before providing any care. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service.

Care records identified people's capacity to make decisions. The records included documents which had been signed by people to show that they had consented to their care.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of good quality food. One person said, "Today's lunch was very very good and very tasty." We heard two people speaking about the choice of the day, one said, "It is mushroom risotto today, I like that." Records of compliments received by the service included a comment from a person who had used the service, "Thank you for all the lovely meals, a big thank you to the chefs, we now have to go on diets."

Two people told us that they were always provided with cheese and biscuits following their meal, one said, "There is always a good choice of cheese." This was confirmed in our observations, a staff member served people at the tables and they could choose the cheese they wanted from the different ranges on a cheese board. These people also told us about how they liked the way that the tables were arranged in the dining room which allowed them to choose where they wanted to sit, one said, "It is good that the tables are different sizes and not one big table, this is better (a table for two), we can sit together." This was confirmed in our observations; people sat in their friendship groups which contributed to a positive social occasion.

We saw one person return to the service at lunch time from a hospital appointment. The person told staff that they were happy to have a sandwich. Staff said that the person could have what they wanted but a hot meal was available, which the person accepted. This showed that people's choices were respected.

People were encouraged to eat independently and staff promoted independence where possible. Where people required assistance to eat, this was provided on a one to one basis allowing people to eat at their own pace.

People were provided with choices of hot and cold drinks throughout the day. This meant that there were drinks available for people to reduce the risks of dehydration. There were jugs of cold drinks, a water fountain, ice machine and coffee that people and visitors could help themselves to. In addition to this there was a large bowl of fresh fruit that people could have. One person told us, "They [staff] told me about the fruit when I came and that I can get some when I want." Afternoon tea was served to people in the lounge, including a large choice of fresh cakes which had been baked during the morning. These were shown to people on a cake stand and they chose what they wanted. One person told us that their chosen cake was, "Delicious." Another person said, "I'm still a bit hungry," this was heard by a staff member who immediately offered them another cake, the person said, "Lovely," and smiled."

Staff had a good understanding of people's dietary needs and abilities. A member of the catering staff was knowledgeable about people's specific dietary requirements and how people were supported to maintain a

healthy diet. They told us how they spoke with people about their preferences on the menu and made additions if people said that they wanted a particular item.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

The service had achieved the highest rating from a recent environmental check for the hygiene in the areas where food was prepared and stored.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person's relative told us that they were reassured when staff had called a doctor in promptly when their relative was ill. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person told us, "Staff are caring, respectful and capable." Another commented that the staff were, "Kind and helpful." Records of compliments received by the service included a comment from a relative, "We would like to thank you for all the loving care and support you gave our [person]."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said. All of the interactions between staff and people were positive. Staff talked about people in a caring manner. They knew people well and understood people's specific needs, and how they were met. We saw staff complimenting people on their hair after they had visited the service's hairdressing salon.

People's privacy was respected by staff who communicated with people discretely, for example when they had asked for assistance with their continence. However, we noted that communal toilets had continence pads on show. Once we pointed this out immediate action was taken to ensure that they were stored out of sight to ensure that people's privacy and dignity was respected and to reduce the risks of cross infection.

People's views were listened to and their views were taken into account when their care was planned and reviewed. Records showed that people and their relatives, where appropriate, had been involved in planning their care and support. This included people's participation in care reviews. People's bedrooms were personalised which reflected their choices and individuality.

Is the service responsive?

Our findings

Improvements were needed in people's care plans to provide guidance to staff about how they were to be cared for. They needed to include information about people's specific needs, for example, in one person's daily notes it stated that the person was, "Having one of [person's] episodes," the records detailed the support provided. However, their care plan did not refer to an 'episode,' what this was, why it may occur and the support that the person should be provided with. This person's records also stated that they had epilepsy but there was no further information of when the person last had a seizure, the signs and indicators that staff needed to be aware of and how they should support the person. Two people used pressure relief equipment and there was no information about the person's vulnerability to pressure ulcers, how staff should monitor the person and actions they should take if there were any concerns. One person's records stated that they had, "Some difficulty communicating," the records did not identify what the difficulty was and how they were to be supported. One person's records showed that they were visited by the district nurse to dress their legs, but there was no mention of this issue in the care plan.

People's daily records identified the care and support provided to people and appropriate actions taken, for example if a person had fallen. However, any changes in their needs were not incorporated into care plans to provide the most up to date guidance to staff in meeting people's needs.

The manager and registered manager had identified that the care records required improvement in their own auditing system and had obtained examples of care planning templates for ideas on how they could be improved to be more person centred. They had also spoken with the local authority who were due to visit the service, they had agreed to bring some examples of documentation and provide workshops to the staff team. These improvements had not yet been implemented and embedded into practice.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt that they were cared for and their needs were met. One person said, "It is lovely in here." Another person commented, "They always do as much as they can for me, they're very good here." Another told us, "Nothing is too much trouble." Another said, "They do all that's asked of them and would probably do more."

Records of compliments received by the service included a comment from a person who had used the service, "A big thank you for all the wonderful care that we have received."

Staff were attentive to people's needs and requests for assistance were addressed. There was a system where staff could call for assistance from their colleagues throughout the service. The registered manager told us how they responded to people's different preferred ways of requesting assistance. This included using the call bells or telephoning the service to ask for help.

This showed that the service responded to people's preferences in the ways that they were supported.

The registered manager told us that some people were living in the service on short term for respite care. However, this could be increased dependent on requests from people and/or their relatives. They told us about people who had stayed permanently in the service after receiving respite care. This showed that the service responded to people's decisions relating to their care.

The registered manager told us how they assessed people's needs before they moved into the service to ensure that their needs could be met. They also assessed if people would be able to live with the other people living in the service. For example, people were not accepted in the service if there was a risk that they would disturb the existing people's way of life, including walking into their personal bedroom space.

People told us that there were social events that they could participate in. One person said, "There is always something going on here." Another person told us that they enjoyed singing when musicians visited the service.

We saw people participating in several activities throughout the day. This included having their hair styled in the service's hairdressers, a coffee morning, watching television, singing along to the music playing, talking with each other, flower arranging. One person watched a film in the blue room, which they told us that they liked to do each afternoon. The main lounge had seating arranged in a way which allowed them to choose different areas to sit with friends or alone.

A professional visited the service and told us that they offered massage to people using the service. They explained that they asked people if they wanted this service and there were some people who regularly requested it. A staff member told us that the service paid for this and it was offered to people on a complementary basis. We saw people accepting a hand massage, one person told us, "It was lovely and relaxing."

There was an attractive enclosed garden with seating. We saw people walking around the garden with staff. During the afternoon of our inspection, all of the people were offered a walk around the garden, which some did. One person, when they had returned from their walk, told us about how they had enjoyed it, "It is lovely out there."

There was an activities programme in place which showed that people were provided with meaningful activities to reduce the risks of boredom and isolation. These included visiting professionals and entertainers, Holy Communion, outings in the community and in house activities such as crafts, flower arranging, accompanied walks and quizzes. The programme was displayed in the service and stated that there were puzzles, games and word searches available and to ask staff for these. We also saw several games, books and DVD's that people could use in the communal lounge.

The manager told us about a recent karaoke which had been held in the service. They commented about how people had enjoyed this and it had been booked again following people's comments about how much they had enjoyed it.

The lifestyle coordinator told us that they worked 9am to 5pm Monday to Friday. They spoke with people on a regular basis about what they wanted to see on the programme for group activities and spoke with people about their interests which they could do on a one to one basis, ensuring that all people were provided with a service. This included visits to people by the service's dog. People could also request to see the lifestyle coordinator if they had something they wanted to do. The lifestyle coordinator gave examples of changes they had made in relation to people's comments, this included people's requests that they be informed of any deaths in the service. As a result people had been supported to attend funerals where they wanted to.

There were also examples of how the coffee mornings were used which included discussions about current affairs or people using the service choosing to prepare to give a talk to the other people, such as any particular interests they had.

There was a newsletter provided to people on a monthly basis. The edition from October 2016 included information about past and future activities, such as how a discussion about the Norfolk and Suffolk devolution in a coffee morning had led to the invitation and talk from a person who had worked in local government. Information from the book club, introduction of new staff, information about a staff member, a feature written by a person using the service, photographs from a garden party and birthdays.

People told us that they could have visitors when they wanted them. We saw people entertaining their visitors. One person told us that they visited their friend regularly and they were always made to feel welcome.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. There was also a notice and feedback forms in the entrance hall of the service which advised people and visitors that their comments and suggestions about the service were valued. There had been no recent complaints received by the service. The registered manager and manager told us that they always took immediate action when people had concerns which reduced the need for formal complaints and improved people's experiences of the service.

Is the service well-led?

Our findings

Health and safety checks were regularly undertaken and prompt action was taken to address any shortfalls identified, such as repairs. However, we saw that the sink in the laundry was dirty and mops were left head down in mop buckets, which did not allow them to air dry and there was the potential for the growth of bacteria. When we pointed this out it was immediately addressed. We saw that issues in the laundry had been identified in audits and had been monitored. However, this had not been effective because of what we had identified on the day of our inspection visit. Discussions with the registered manager and the manager demonstrated that they had identified improvements needed in the service. However, not all of these improvements had been fully implemented and embedded into practice, such as the planned improvements in people's care records and staff supervision.

There was an open culture in the service. People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included in quality assurance questionnaires. We saw the results from the completed questionnaires from 2015 which were mainly positive, one stating about the service, "Very high opinion, first class." However, there was no documented information about actions that had been taken following the questionnaires to improve the service. The registered manager and manager told us that they always took immediate action when comments were received from people, but they were not documented to show how the improvements had been made.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. In addition to the registered manager, who was one of the providers, there was a manager. The registered manager told us that they jointly undertook the managerial responsibilities in the service. They told us, as part of their quality assurance systems, they visited the service at different times to assess if people's routines and needs were met. For example, attending the home early morning to check that people's breakfast and morning routines were running as planned. This also provided them with the opportunity to speak with the night staff. However, these were not documented to show when they had occurred and the actions taken to improve, if any.

The registered manager told us about how they were currently developing a plan to identify areas of the environment that needed, for example, redecoration. Some action had been taken, such as replacing flooring. The registered manager showed us a document which had been developed about the requirements of regulations relating to the service they provided. This was made available for staff and they had been asked to sign a document to show that they had read this.

There was a system in place to check the times that it took for staff to respond to call bells. In addition to this the call bell system enabled checks to be made on whether staff undertook the required checks on people. The registered manager told us that when checks were completed, staff were required to press the bell to indicate this had been done. This provided another way, as well as the paper records, of monitoring if the required checks and care was provided to people. They shared an example with us where the checks on the call bell system had identified that a required check had not been made. They had spoken with the staff member about this and found that the check had been made but they had omitted to press the bell.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they could go to the registered manager and manager if they needed any advice or support. One staff member referred to the manager as, "Helpful." The manager told us about how they managed whistleblowing in the service and empowered staff to report any concerns they had about the people using the service and how their needs were met.

Staff meeting minutes from June 2016 updated staff on the requirements of their role and any changes, for example the consideration of chair risers in the lounge for people having difficulty sitting in and getting out of them.

The service operated an 'employee of the month' award which showed that staff were valued and their contribution to the service and good quality care to people were acknowledged. The current employee of the month was identified on signage in the service including their photograph. Where a staff member had previously won this award this notice was kept in their personnel file.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Care records did not identify how the needs of service users were assessed and tailored to meet their individual needs.
Treatment of disease, disorder or injury	